



Bureau of Alcoholic Beverages
Division of Liquor Licensing & Enforcement
164 State House Station
Augusta, ME 04330-0164
Tel: (207) 624-7220 Fax: (207) 387-3424

**LICENSED MAINE WHOLESALERS REQUEST FOR:
BEER & WINE TASTINGS**

License No.: _____ Name of Licensee: _____

Mailing Address: _____

Town/ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Date of Event: _____ Time – From: _____ To: _____

Number of Persons Attending: _____

Title and Purpose of Event: _____

Location of Event: _____

Physical Address: _____

Town/City: _____ State: _____ Zip Code: _____

Telephone Number: _____

PLEASE ATTACH

List of vendors participating:

List of Employees serving alcohol:

Signature of Licensee or Corporate Officer

Date

Print Name of Licensee or Corporate Officer

FOR USE ONLY BY DIVISION OF LIQUOR LICENSING & ENFORCEMENT

RESTRICTIONS:

☐ **APPROVED**

DATED: _____

☐ **NOT APPROVED**

APPROVED BY: _____